

# PROJECT 10073 RECORD CARD

1. DATE 7 Sep 59		2. LOCATION Ottawa, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon  <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft  <input checked="" type="checkbox"/> Was Astronomical <u>Capella</u> <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local _____ GMT <u>08/0400Z</u>		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE Civilian			
7. LENGTH OF OBSERVATION three hrs		8. NUMBER OF OBJECTS one		9. COURSE NE ?	
10. BRIEF SUMMARY OF SIGHTING WX clear, sky, warm, no wind. Very bright obj flickering w/changing colors of rose, blue, green & red. Flashing. Larger than a star. In sight for three hrs to the NE. Was not seen to disappear.				11. COMMENTS Star Capella (Magnitude 0.2) was in the rptd position. This was probably distorted by atmospheric conditions.	

This object was reported to:

Mr. [REDACTED]

[REDACTED] Ottawa, Ohio

Telephone [REDACTED]

who is Civil Defense Director, Putnam County, Ohio  
and placed the call to ATIC.

[REDACTED] indicated he would notify Ohio Civil Defense.

[REDACTED] said that a similar object had been sighted  
about a year ago. possibly a planet?



## U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

7 SEPT 1959  
Day Month Year

2. Time of day:

11         
Hour Minutes

(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern

- b. Central
- c. Mountain
- d. Pacific
- e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving

b. Standard

4. Where were you when you saw the object?

2300 E. 1st St. OTTAWA OHIO  
Nearest Postal Address City or Town State or Country

Additional remarks: PHONE       

5. Estimate how long you saw the object.

12 30 00  
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

- a. Certain
- b. Fairly certain

- c. Not very sure
- d. Just a guess

6. What was the condition of the sky?

- (Circle One):
- a. Bright daylight
  - b. Dull daylight
  - c. Bright twilight

- d. Just a trace of daylight
- e. No trace of daylight
- f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

- (Circle One):
- a. In front of you
  - b. In back of you
  - c. To your right

- d. To your left
- e. Overhead
- f. Don't remember



34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- ☒ a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- ☒ a. Dry *DEW*
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- ☒ c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year


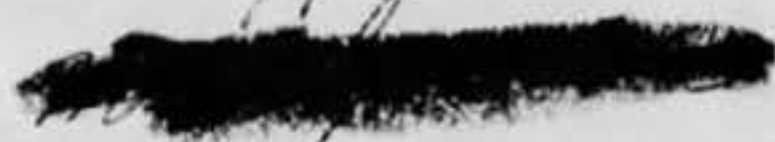
36. Was anyone else with you at the time you saw the object?

(Circle One) Yes No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

*Husband*   


37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes No

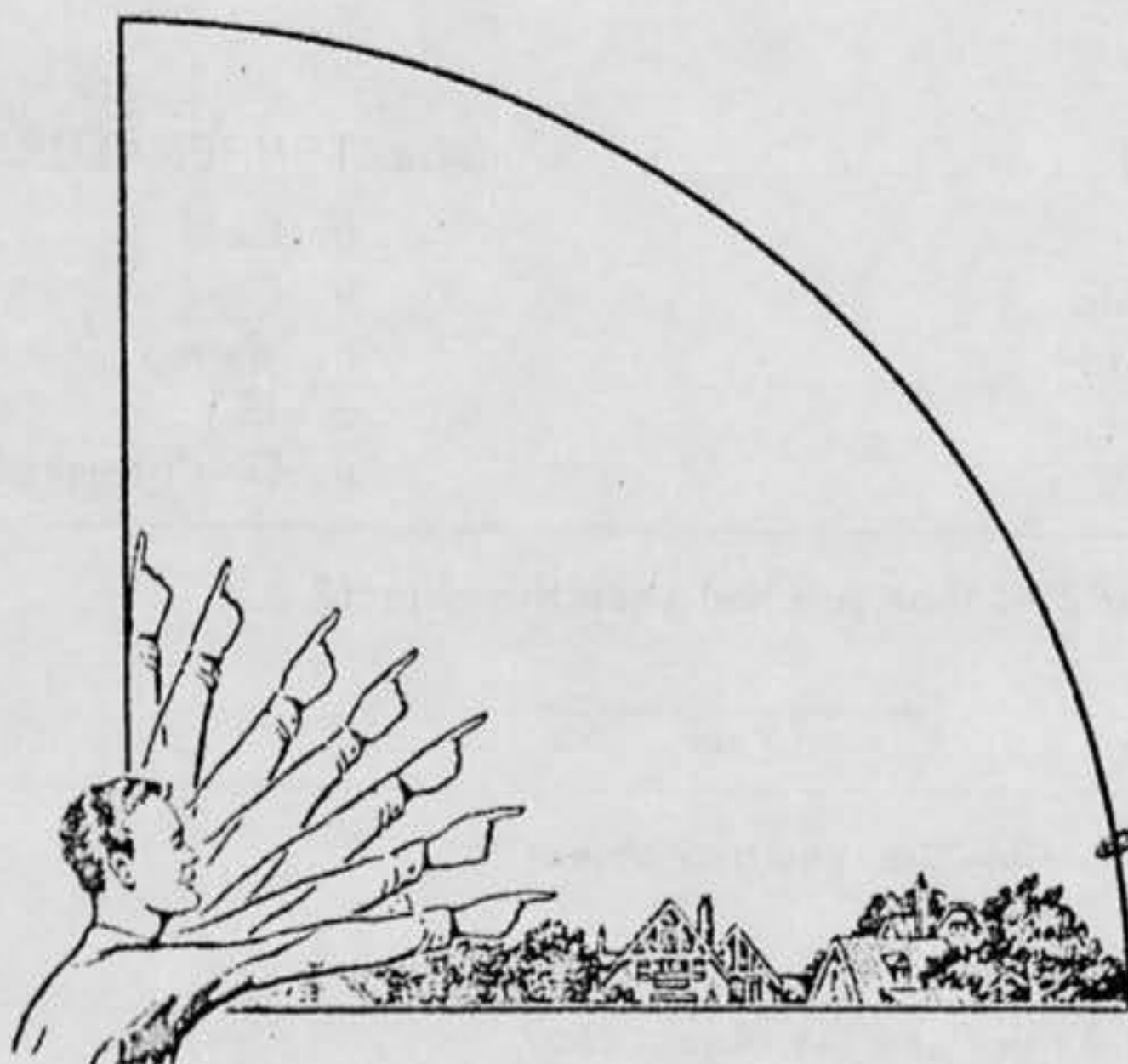
37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

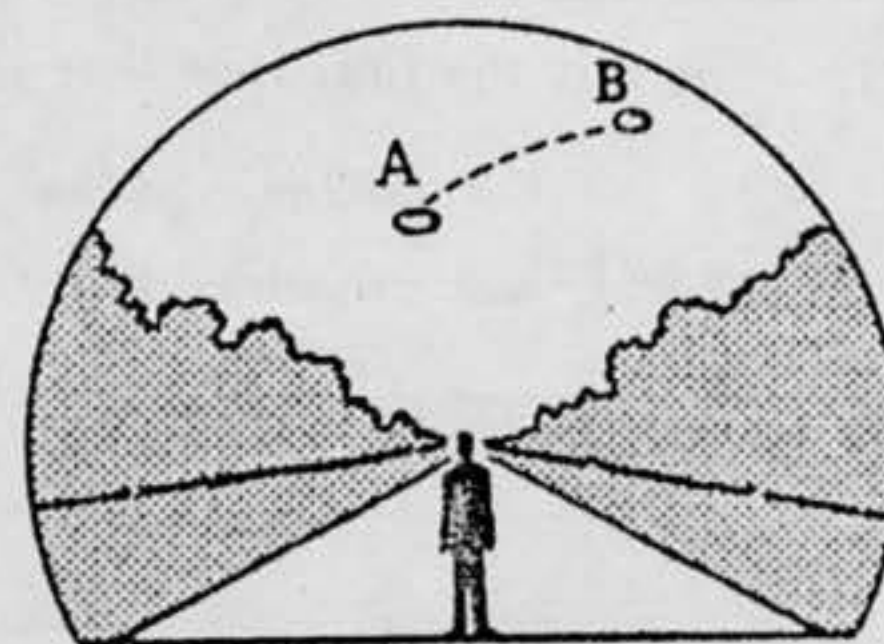
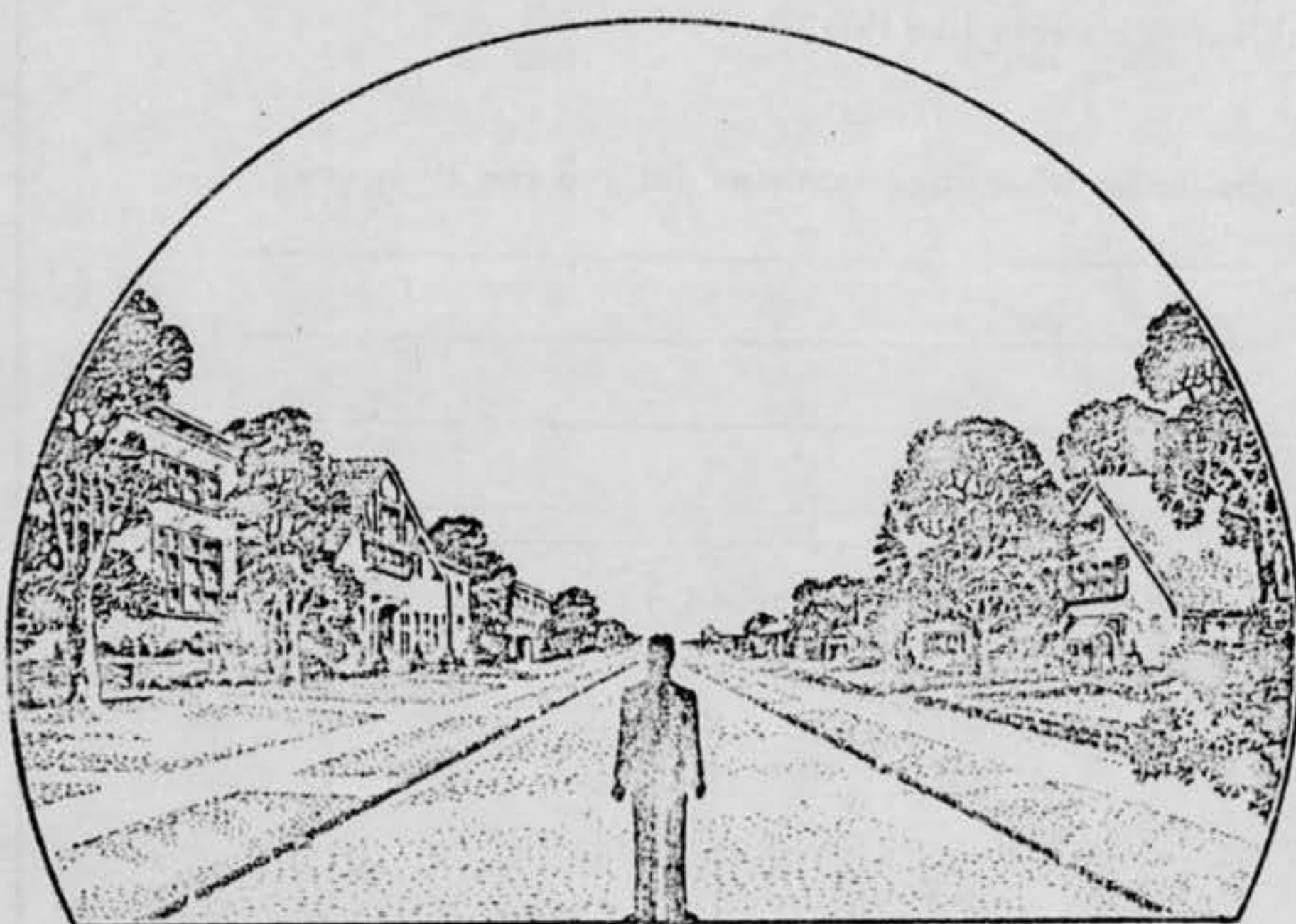
38. In your opinion what do you think the object was and what might have caused it?



32. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the *same* curved line to show how high the object was above the horizon (skyline) when you *last* saw it.



33. In the following larger sketch place an "A" at the position the object was when you *first* saw it, and a "B" at its position when you *last* saw it. Refer to smaller sketch as an example of how to complete the larger sketch.





25. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane
- e. At sea
- f. Other \_\_\_\_\_

26. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

27. What were you doing at the time you saw the object, and how did you happen to notice it?

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28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? \_\_\_\_\_ miles per hour.

28.3 Did you stop at any time while you were looking at the object?  
(Circle One)      Yes      No

29. What direction were you looking when you first saw the object? (Circle One)

- |   |              |              |              |
|---|--------------|--------------|--------------|
| a. North                                      | c. East      | e. South     | g. West      |
| <input checked="" type="radio"/> b. Northeast | d. Southeast | f. Southwest | h. Northwest |
- SAME DIRECTION AS BYO RAILROAD*

30. What direction were you looking when you last saw the object? (Circle One)

- |   |              |              |              |
|---|--------------|--------------|--------------|
| a. North                                      | c. East      | e. South     | g. West      |
| <input checked="" type="radio"/> b. Northeast | d. Southeast | f. Southwest | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.



20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
\_\_\_\_\_ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other larger than star

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- a. Certain
- b. Fairly certain

- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view?

Did not see it

disappear

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.



16. Tell in a few words the following things about the object.

a. Sound no

b. Color flickered and changed color,  
rose - blue - green - red flashes

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

*stationary*

18. The edges of the object were:

- (Circle One): a. Fuzzy or blurred  
b. Like a bright star  
c. Sharply outlined  
(d. Don't remember)

e. Other \_\_\_\_\_

19. IF there was MORE THAN ONE object, then how many were there? one  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- ☒ d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

☒ a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?

(Circle One) a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

*very bright*

11. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?

☒ Yes

No

Don't Know

b. Suddenly speed up and rush away at any time?

☒ Yes

☒ No

Don't Know

c. Break up into parts or explode?

☒ Yes

☒ No

Don't Know

d. Give off smoke?

☒ Yes

☒ No

Don't Know

e. Change brightness?

☒ Yes

☒ No

Don't Know

f. Change shape?

☒ Yes

☒ No

Don't Know

g. Flicker, throb, or pulsate?

☒ Yes

No

Don't Know

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved in front of: \_\_\_\_\_

14. Did the object appear:

(Circle One):

☒ a. Solid?

b. Transparent?

c. Don't Know.

15. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

Yes

☒ No

b. Sun glasses

Yes

☒ No

f. Telescope

Yes

☒ No

c. Windshield

Yes

☒ No

g. Theodolite

Yes

☒ No

d. Window glass

Yes

☒ No

h. Other \_\_\_\_\_



39. Do you think you can estimate the speed of the object?

(Circle One) Yes ☒ No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes ☐ No ☐

IF you answered YES, then how far away would you say it was? \_\_\_\_\_ feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? Housewife

Age \_\_\_\_\_ Sex \_\_\_\_\_

Please indicate any special educational training that you have had.

a. Grade school \_\_\_\_\_

b. High school \_\_\_\_\_

c. College \_\_\_\_\_

d. Post graduate \_\_\_\_\_

e. e. Technical school \_\_\_\_\_

(Type) \_\_\_\_\_

f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire:

\_\_\_\_\_ Day

\_\_\_\_\_ Month

\_\_\_\_\_ Year